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WEMMH PTO/SB/21 (09-04)

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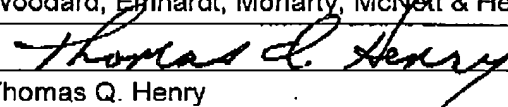
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/008,781	
	Filing Date	November 13, 2001	
	First Named Inventor	Hathaway, David	
	Art Unit	3731	
	Examiner Name	Julian Woo	
Total Number of Pages in this Submission	0	Attorney Docket Number	7037-438


ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached Credit Card Payment Form <input checked="" type="checkbox"/> Amendment Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

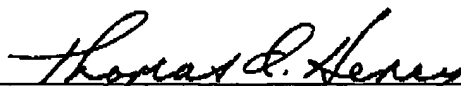
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Woodard, Emhardt, Moriarty, McNeel & Henry LLP	
Signature		
Printed Name	Thomas Q. Henry	
Date	December 27, 2005	Reg. No. 28,309

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Date

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FAX No. 317 637 7561 DEC 27 2005 P. 002

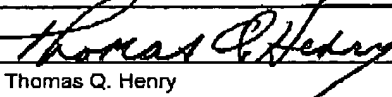
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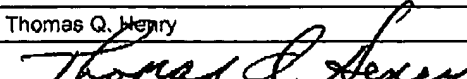
<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/008/781</td> </tr> <tr> <td>Filing Date</td> <td>November 13, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Hathaway, David</td> </tr> <tr> <td>Examiner Name</td> <td>Julian Woo</td> </tr> <tr> <td>Art Unit</td> <td>3731</td> </tr> <tr> <td>Attorney Docket No.</td> <td>7037-438</td> </tr> </table>		Application Number	10/008/781	Filing Date	November 13, 2001	First Named Inventor	Hathaway, David	Examiner Name	Julian Woo	Art Unit	3731	Attorney Docket No.	7037-438																		
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																	
TOTAL AMOUNT OF PAYMENT (\$) 250.00																																	
METHOD OF PAYMENT (check all that apply)																																	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																	
<input checked="" type="checkbox"/> Deposit Account Deposit Account number: <u>23-3030</u> Deposit Account Name: <u>Woodard, Emhardt, Moriarty, McNett & Henry LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments.																																	
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																	
FILING FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> </tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	SEARCH FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>500</td> </tr> <tr> <td>Design</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>300</td> </tr> <tr> <td>Reissue</td> <td>500</td> </tr> <tr> <td>Provisional</td> <td>0</td> </tr> </tbody> </table>			Small Entity Fee (\$)	Utility	500	Design	100	Plant	300	Reissue	500	Provisional	0
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2. EXCESS CLAIM FEES																																	
Fee Description		Fee (\$) Small Entity Fee (\$)																															
Each claim over 20 (including Reissues)		50 25																															
Each independent claim over 3 (including Reissues)		200 100																															
Multiple dependent claims		360 180																															
Total Claims Extra Claims Fee (\$) Fee Paid (\$) 21 -20 or HP =1 x50.00 =50.00		Multiple Dependent Claims Fee (\$) Fee Paid (\$) x =																															
Independent Claims Extra Claims Fee (\$) Fee Paid (\$) 4 -3 or HP =1 x200.00 =200.00																																	
		HP = highest number of total claims paid for, if greater than 20 HP = highest number of independent claims paid for, if greater than 3																															
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).																																	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) _____ -100 = _____ /50 = _____ (round up to a whole number) x _____ = _____																																	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): _____																																	
		Fee Paid (\$) _____ _____ _____																															

SUBMITTED BY:

Signature		Registration No.: (Attorney/Agent)	28,309	Telephone:	(317) 634-3456
Name (Print/Type):	Thomas Q. Henry		Date:	December 27, 2005	

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WEMMH #317053 (Rev. 7/05)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:)
Hathaway) Before the Examiner
Serial No. 10/008,781) Woo, Julian W.
Filed November 13, 2001) Group Art Unit
3731
APPARATUS AND METHOD FOR)
POSITIVE CLOSURE OF AN)
INTERNAL TISSUE MEMBRANE)
OPENING)

RESPONSE TO FINAL OFFICE ACTION
UNDER 37 C.F.R. §1.111

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 27, 2005, Applicants respectfully request entry of the following amendments and consideration of the accompanying remarks.

Amendments to the claims begin on page 2 of this transmittal.

Remarks begin on page 6 of this transmittal.

Additionally, please provide any extensions of time that may be necessary and charge any fees that may be due to Deposit Account No. 23-3030, but do not include any payment of issue fees that are or may become due.

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Gail Mercer

Typed or Printed Name of Person Transmitting Correspondence

Gail Mercer

Signature of Person Transmitting Correspondence

December 27, 2005

Date of Signature

Hathaway, USSN 10/008,781
RESPONSE TO FIRST OFFICE ACTION
7037-438.Q.280158v2

Page 1 of 7

12/28/2005 MBINAS 00000001 10000781

01 FC:1202
02 FC:1201

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Atty. Docket 7037-438